| ♠AO 440 | (Rev. | 10/93 | Summons | in a | Civil | Action |
|---------|-------|-------|---------|------|-------|--------|
|         |       |       |         |      |       |        |

## UNITED STATES DISTRICT COURT

MASSACHUSETTS

MADHU JAIN

SUMMONS IN A CIVIL CASE

A CAPE ANN WHALE WATCH, INC.

05 11267 MEL

TO: (Name and address of Defendant)

A CAPE ANN WHALE WATCH, INC P.O. BOX 415 415 MAIN STREET, ROSES WHARF GLOUCESTER MA 01930

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

## LAW OFFICE OF JEFFREY CONIARIS **84 STATE STREET BOSTON MASSACHUSETTS 02109**

twenty (20) days after service of this an answer to the complaint which is herewith served upon you, within summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAHA CLERK (By) DEPUTY CLERK

JUN 17 2005

DATE

| SAO 440 (Rev. 10/93) Summons in a Civil Action  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| RETURN  | OF SERVICE   |  |  |  |  |  |
| Service of the Summons and complaint was made by me(1)  | DATE   |  |  |  |  |  |
| NAME OF SERVER (PRINT)  | TITLE  |  |  |  |  |  |
| Check one box below to indicate appropriate method of service   |  |  |  |  |  |  |
| ☐ Served personally upon the third-party defendant. Place wh  | nere served:   |  |  |  |  |  |
| <ul> <li>Left copies thereof at the defendant's dwelling house or usudiscretion then residing therein.</li> </ul> | al place of abode with a person of suitable age and  |  |  |  |  |  |
| Name of person with whom the summons and complaint were left:   |  |  |  |  |  |  |
| □ Returned unexecuted:  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| ☐ Other (specify):  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| CT A TEMENT   | OF SERVICE FEES  |  |  |  |  |  |
| TRAVEL SERVICES   | TOTAL  |  |  |  |  |  |
| DECLADAT  | TION OF SERVER   |  |  |  |  |  |
| Executed on   |  |  |  |  |  |  |
|   | N .  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Essex County Sheriff's Department   | t ● PO Box 2019 ● Salem, MA 01970 ● 978-750-1900 ext. 3590   |  |  |  |  |  |
| Thereby certify and return that an 9/10/2005  | August 22, 2005  |  |  |  |  |  |
| summons and complaint in this action in the Carol Ann Murphy, agent, person in charge a                           | at 9:45AM I served a true and attested copy of the following manner: To wit, by delivering in hand to at the time of service for A Cape Ann Whale Watch,  . Basic Service Fee (\$30.00), Conveyance (\$4.50),  0), Copies (\$5.00) Total Charges \$56.50 |  |  |  |  |  |
| Deputy Sheriff Richard Howell   | Deputy Sheriff   |  |  |  |  |  |

I havely certify that a true copy of the above document was served these the strong of record for each party and each party part delivery). CERTIFICATE OF SERVICE

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the above document was served upon the attorney of record for each party and any party appearing pro so by (first class mail, postage prepaid) or (by head delivery).

Dated 5/23/05 Juilly